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DR. UPHAM'S ILLUSTRATIONS OF TYPHUS FEVER.

[Concluded from page 31.]

I WILL only allude, in conclusion, to some of the chief characteristics of the symptoms and pathology of typhus. Among these, the suddenness of the attack—the early and great prostration—the rash—the dusky hue and sensitiveness and peculiar odor of the surface—the passive engorgement—the tendency to muscular and nervous agitation and freedom from important local derangements—and, after death, the early accession and brief duration of cadaveric rigidity—speedy decomposition—general fluidity of the blood, but otherwise absence of any considerable lesions, are peculiar and essential.

In the cases I have previously detailed, and which may be regarded as models of the disease in its varying forms of severity, the accession of the fever was invariably sudden, preceded by only a day or two of trifling ailment, and accompanied uniformly by anorexia, rigors, nausea (often with vomiting), pains, hot skin, depression and headache. The depression is an early and almost constant attendant; the strength soon becomes exhausted, the mind and memory confused, and the spirits despondent. The exhaustion increases, till, in the acme of the disease, the powers are completely overwhelmed. If, now, in the excitement of delirium, some almost superhuman feats of strength are exhibited, this unnatural exaltation is followed by utter prostration and death. The headache, which is usually intense at the outset, gradually subsides, and after seven or eight days disappears.* The hot skin prevails till the twelfth or fourteenth day, and is often excessive. It is also peculiar, dry, burning and pungent to the feel. "It utterly wants," says Corrigan, "the slightest approach to that soft feeling that is

* According to the observations of Jenner, the headache ceases on from the seventh to the tenth day; and if not before, almost invariably as soon as delirium commences. He further says, "this is a point of great practical importance, for if headache is voluntarily complained of by the patient, or if even declared to be severe in answer to the question of the physician, after delirium has commenced, strong suspicions, to say the least, of inflammatory action within the cranium should be entertained, and remedies adopted with that view of the case; while headache, before delirium has commenced, is in itself not the slightest proof of increased vascular action within the cranial cavity."

often conveyed even from skin much hotter. The sensation is like that received when the hand is laid on the side of a hot-air stove, and probably arises from its quickly robbing the hand of its moisture."

On the fifth or sixth day, the characteristic rash appears. I have seen it oftenest on the fifth. Speaking on this point, says Dr. Jenner, whose clear and accurate description is better than any I can give, "the eruption at first consists of numerous, roundish, slightly elevated, dusky pink spots, effaceable on pressure by the finger, quickly resuming their color, however, when the finger is removed; on the second or third day after their appearance, these spots, instead of being effaced, merely fade, i. e., grow paler on pressure. At the same time with the spots referred to, there is present a much paler rash, which appears to be seen through the cuticle, as if the spots composing it were, as the vulgar saying is, 'not well out.' The latter is the *subcuticular rash*—the whole eruption, the *mulberry rash*. The eruption grows darker in hue, the centre of many of the spots toward the termination of the second week are unaffected by pressure, and here and there are to be seen spots with well-defined outlines quite unalterable in appearance by the firmest pressure of the fingers, i. e., true petechiae. On the posterior surface of the trunk, the spots are much darker and less affected by pressure than on the anterior surface. Miliary vesicles or sudaminae are sometimes observed about the end of the second week, usually in the groins, at the epigastrium, and under the clavicles. Toward the termination of the disease, if it proves fatal (from the twelfth to the twentieth day), the spots are scarcely or not at all affected by pressure, especially on the abdomen. After death, on the surface of the trunk and extremities are found the remains of the spots noted during life. If a portion of the skin is removed and examined with a lens, the persistence of the spots, which faded or grew paler on pressure, is found to be due to the staining of the surface of the cutis; while the whole of that texture, and even the subcutaneous tissue, is dyed deep purple in those spots which were unaffected by pressure during life." If, instead of death, the disease terminates in recovery, the fading and disappearance of the spots is coincident with commencing convalescence. According to my own observations, the first signs of approaching spots are an indistinct and faint but peculiar mottling blush of the surface, resembling the commencing congestion of a mild case of roseola, seen often as early as the third day upon the arms, shoulders and upper parts of the chest, by attention to which the appearance of the characteristic eruption may be predicted with certainty.*

* This early mottled and roseate appearance of the skin was seen and described by the writer in the epidemic of 1847-48. It was then deemed important, in a diagnostic point of view, as heralding the advent of the distinguishing eruption of typhus. It differs from the *subcuticular rash* of Jenner, and might, with justice, be termed the preliminary or *roseate rash*, forming, perhaps, with the "distinct spots" (also adopted in the nomenclature of Jenner), yet a third division of the typhus rashes.

The dusky face and fuliginous hue of the body is a common accompaniment of typhus. It is noticeable early, and deepens as the disease proceeds. It varies, however, in intensity, in different habits and temperaments. Conjoined with this, and bearing an appreciable relation to its intensity, is the marked and pungent emanation from the general surface, which has been variously described as mousey, nauseous, mawkish, ammoniacal, &c.; furnishing to another sense a testimony of the peculiar and specific nature of the malady.

A muscular unsteadiness also is early apparent. There is a tremulousness of the hands and of the tongue. Later, these involuntary movements become marked. At first perceptible only in the twitching of the tendons at the wrists, they may presently involve the arms, shoulders, neck, face and trunk; the prognosis is grave in proportion to their extent and intensity. The acme of this deranged muscular action is spasm and convulsions, which are almost invariably fatal.

That there is essential nervous and cerebro-spinal derangement is manifested also by the general sensitiveness of the surface, and the excited respiratory and cerebral action. Delirium, in greater or less degree, is an almost constant concomitant. It is not infrequently accompanied by the wakefulness and excitement and busy activity of delirium tremens, which it sometimes closely resembles. In this condition the patient becomes wild and unmanageable. More often, the early somnolence is attended by muttering and talking, a state which passes gradually into stupor and coma—the patient lying prostrate and utterly unconscious. The respiration is peculiarly affected. The breathing becomes quick and laborious—or is impeded and interrupted, often amounting in frequency to 50 or even 60 in a minute. And yet there is remarkable freedom from any important structural disease. The diagnostic marks of cerebral inflammation are wanting. Auscultation and percussion fail to detect any adequate abnormal signs in the chest. The abdomen is natural in appearance, and free from any considerable tenderness or tympanitis.* The stools are somewhat relaxed, but the bowels are regular and easy in their action. Neither the stomach, the liver nor the kidneys give evidence of any organic disturbance. There is a tendency to passive engorgements or congestions only. The posterior surface of the trunk is discolored—the skin congested—the spots darker, and a disposition to sloughing is there manifested. Evidence of this general congestion may also be obtained in the posterior and depending portions of the lungs by the stethoscope.

And the most careful *post-mortem* inspection will fail to discover

* In some uncomplicated cases the patient will shrink from the first slight touch of the abdomen, but will bear the subsequent pressure. This is owing, no doubt, to the general sensitiveness of the surface already alluded to, and which is often extreme. A want of consideration on this point might easily lead to a belief that the intestines were in fault.

any adequate structural changes. The body is much discolored externally—the under surface especially. The spots that existed during life remain. There is but little emaciation. The rigor mortis comes on early, and quickly disappears. Decomposition speedily ensues.* There is some congestion of the membranes of the brain, often intense, especially at its base; and the serosity beneath the arachnoid, in the ventricles and at the base, is somewhat increased. The substance of both the gray and the white matter is mostly natural in consistency—the bloody points which exude on section, darker and more numerous. The lungs, in their posterior and depending portions, are engorged; but this is mainly mechanical, dependent, like the discoloration of the under surface of the body, upon position. The lining membrane of the bronchia is stained—more rarely injected, but otherwise natural. The walls of the heart, as also the substance of the liver, pancreas, kidneys and spleen,† are flabby. The intestines are normal, except occasionally slight congestions of the mucous coat along the lower portions of the ileum. The glands are not affected. The internal lining membrane of the stomach, especially at its cardiac extremity, is frequently softened. But the blood throughout the body is fluid, disorganized, dissolved and siccus. It readily infiltrates the loose textures, and stains the membranes with which it comes in contact. The usual clots found in the heart are loose and easily broken. In the sinuses and large vessels of the brain, it is dark, thin, and non-coagulated. It is the blood alone that is evident to be essentially and vitally diseased.

Complications.—What has hitherto been said, refers to typhus in its simple unalloyed state. But complications may arise at any time during the progress of the disease, affecting very materially its aspect, its duration, termination and subsequent pathological developments. These, however, are the accidents of typhus, and are in no ways to be confounded with its essential nature. From a want of sufficient discrimination in this particular, I believe that many of the differences noted by observers during its progress, and the inconsistencies in the records of its pathology, are to be attributed. Thus if meningitis, or bronchitis, pneumonia, gastritis, or intestinal irritation and inflammation, supervene in a patient already prostrate with fever, these may, in themselves, prove a sufficient cause of fatality, and would leave their own distinctive marks at death. Especially is this a fruitful source of error in cases which are brought into the hospital in a moribund condition, and of whose previous history it is impossible to gain a rational account.

* Hence an early examination of the body is important, that the alterations produced by disease be not confounded with those of cadaveric change.

† Dr. Jenner says of this organ, "It varies somewhat in its state, according to the age of the subject; before 45 or 50, it is usually much enlarged—after that age it is still often enlarged, but not so decidedly so as in the earlier period of life. Softening appears to follow the reverse order, as it is softer in aged than in young subjects."

Among the affections which often supervene, are crysipelas, and inflammation and suppuration of the parotid glands. Pneumonia and gastritis are not infrequent complications. Severe and extensive sloughing of the parts pressed upon is a common and distressing concomitant. But "it would be impossible," says Corrigan, "to allude to all the complications of fever. They may include nearly all the local diseases to which the body is liable, and demand the constant and watchful attention of the physician."

Among the *sequælae* which are common to typhus in Great Britain, Dr. Corrigan mentions inflammation of the lymphatics of either upper or lower extremities, which sometimes prevails epidemically, producing painful, suffused, red surfaces, and abscesses of considerable size, with corresponding high irritative fever. This affection, he continues, may be of every degree of intensity; and its effect on the constitution of the patient, worn out with the fever, is very trying. He recommends the removal of the patient, as soon as possible, to a pure country air, and a treatment of tonics and alteratives. Adhesive phlebitis is sometimes a troublesome sequela, affecting most frequently the inguinal and femoral veins. It is annoying, says Corrigan, not only in its immediate consequences, but in its after results—the leg and thigh frequently remaining enlarged for weeks after recovery, and varicose veins then succeeding and continuing for life. Its first approach should therefore be carefully watched, the patient confined at once to the horizontal position, the groin leeched, the limb elevated and treated by mercurial inunction, fomentations, bandaging, &c. Jaundice is also occasionally observed as a sequela of fever.

It does not appear that the peculiar and intractable intestinal affection (described by the writer in a series of papers published in the Boston Medical and Surgical Journal in 1848), and which proved so frequent and fatal a sequela to typhus in the epidemic at South Boston and Deer Island, has been noticed as holding the same connection with the fever in Great Britain. At any rate, if observed, it has not as yet claimed the attention which its importance as a sequela of the disease on this side of the Atlantic deservedly demands.*

It is not in accordance with my present object to more than touch, in passing, upon the pathology of the fever in question; and I have elsewhere described, with some minuteness, the *therapeutic* management adopted in the epidemic of ten years since. The

* In the Report of the London Fever Hospital for 1847, it is remarked that, "in the unusually wet weather that prevailed in the summer and autumn of the preceding year, diarrhea occurred in almost every case, and in the aged and debilitated rapidly destroyed life; it was the principal cause of the mortality in August, the deaths in that month being as high as 1 in 34." But these facts are only incidentally mentioned in the report, without any intimation as to whether it was regarded as a sequela of the fever.

A distinguished Dublin authority has detailed, in his published Lectures on Typhus, an instance of severe and fatal intestinal disease occurring during convalescence, which he has adduced as an example of typhoid fever, or *doininenteritis*, supervening on typhus; but which, in the mind of the writer, from both its symptoms and pathology, is clearly a case of the *secondary intestinal affection*—the sequela of typhus above mentioned.

preceding delineations have shown the typhus of Great Britain to be identically the same with that which raged along our shores in 1847-48. Adynamia is there, as it was here, the chief element of the disease, requiring for its management the adoption of the same principles of treatment. Yet such management is the farthest possible remove from a senseless and empirical routine. And I cannot more appropriately close this imperfect sketch of typhus fever in Great Britain, than by an extract bearing on this point, from the works of the eminent observer and writer I have so often quoted in the course of these papers. Says Dr. Jenner: "In no disease is the advantage of refraining from meddling more clearly displayed than in typhus fever. In no disease is the prompt use of powerful remedies more clearly indicated than in typhus fever. It is in determining when to act, and when to do nothing, that the skill of the physician as a curer of disease, or, rather, with reference to fever as an averter of death, is shown. Interfere, bleed or stimulate, when nothing should be done, and the patient, but for you safe, is lost. Refrain from depletion, or withhold wine, when the one or the other is required, and the patient sinks into that grave from which a judicious treatment might have saved him."

BELLADONNA IN ARRESTING THE LACTEAL SECRETION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you the result of my experience in the use of belladonna to arrest the secretion of milk, which drug I was induced to make trial of for that purpose by an article in Part XXXIV. of *Braithwaite's Retrospect*, reported by R. H. Godden, Physician to St. Thomas's Hospital.

My experience is limited to three cases, in all of which I was highly gratified with the result. They do not, of course, any more than the cases already reported, settle the question of its efficiency in suppressing the lacteal secretion; yet I cannot but think that, although it may not be found a specific for that purpose, it will prove, on further trial by the profession, a valuable adjuvant to this end.

CASE I.—Mrs. B., fifth confinement. The child, a fine and apparently healthy boy, died at the end of the third day, from retention of urine. The secretion of milk occurred within twenty-four or thirty-six hours from birth, and as little was taken by the child, great pains were used to keep the breasts free with the pump and other means, but with little success; they soon became tumid, hard, painful and tender. I then applied the tincture of belladonna (officinal strength) to the areola with a feather; in a few hours the pain and tenderness were relieved, the tumefaction subsided, and at the end of thirty-six hours all trouble was at an end. No

further secretion of milk occurred. The belladonna was applied but three times. A slight nausea was perceived on the application of the tincture, which was relieved by a few spoonfuls of decoction of serpentaria.

CASE II.—Mrs. M., first child; premature birth; stillborn. The secretion of milk commenced before confinement, and spontaneously passed away; but now it was more copious, and notwithstanding the use of the pump and the mouth of the nurse, the breasts became full, hard, painful, &c., but on the application of the belladonna, the secretion soon seemed to cease, the tumefaction and soreness subsided, and in a day or two all was right.

CASE III.—Mrs. B., third child. The lacteal secretion duly occurred; but though the child was robust and nursed well, little or no milk could be obtained from the left breast. It will be proper to state here, that during the previous nursing, the patient had severe milk abscesses of this breast, which were, unwisely, permitted to break of their own accord, by which, probably, some injury was done to the lacteal tubes. Mrs. B. was now very anxious lest she should experience "such a time" as she had on the previous occasion, and earnestly wished, if anything could prevent it, to have it done. After all reasonable effort had been made to abstract the milk, and to relieve the tumefaction and pain, by fomentations, &c., without avail, and the hardness and tenderness continuing to increase, I made free application of the belladonna, both to the areola and the hardest portions of the breast. Relief was soon experienced; the swelling and pain subsided, though induration of portions of the breast continued some time longer. These were removed by a plaster of diachylon, softened with a little olive oil. This plaster, I would say, I have used some fifteen years for these lacteal indurations, and with uniform success. There has been no return of the secretion of milk in this breast, though the other furnishes a full supply for the child. There was nausea experienced after the application of the drug, as in Case I., which was also relieved by the serpentaria.

In all these cases other remedies were used, but with little or no apparent effect, and the speedy relief following the use of the belladonna, satisfied the patients, at least, of its efficacy; and the last patient, especially, was *delighted* with the result, having before suffered so much with "broken breast," and now seeing before her a prospect of another similar siege. These cases might possibly have terminated favorably if they had been left to the resources of nature, as your correspondent in to-day's JOURNAL supposed his might; but I much doubt it, and I more doubt if they would have terminated so speedily. But the remedy is a simple one, and easy to be tried, and every physician has opportunities enough to test it, so that its virtues will doubtless soon be fully proved.

A. D. BACON.

Sharon, Ms., Aug. 26th, 1858.

CHRONIC MENINGITIS.

BY P. PINEO, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case was one of some interest in this locality, on account of its long continuance and the somewhat different diagnoses given. The patient was seen at different times by Drs. E. R. Peaslee, Dixi Crosby, and Phelps, of the Medical Department of Dartmouth College, and by other physicians in this vicinity.

The patient, C. P., aged 19 years, was attacked with typhoid pneumonia in the latter part of October, 1857. He had been in poor health for nearly two years, having suffered from derangement of the stomach and liver. A little excitement would produce discomfort. He had complained of his head very much, and was disposed to lie down often during the day, "to rest it." The pneumonia passed away, and apparent convalescence from the fever took place; but mental derangement was soon manifest, which continued for some weeks, showing a variety of phases and characters. At one time he was a steam engine, puffing forth volumes of steam; again he was a preacher, dealing denunciation and destruction to the unconverted; and then he would assume some other character. At length he had an epileptiform fit, which seemed to prostrate both body and mind, from which he gradually recovered. These attacks occurred at intervals of one or two weeks.

His appetite was generally good; he ate and digested well throughout his illness, but continued to lose flesh, and gradually failed, until, about three months after the attack of pneumonia, he was so emaciated that nothing seemed left of him but skin and bones; and all his symptoms were of so grave a character that every one who saw him supposed he could not live a week. He continued, however, with little change, life seeming to hang by the most brittle thread, until near the end of the tenth month of his sickness; sometimes not speaking for weeks, eating whatever was given him, though at times almost unable to swallow, from what appeared to be paralysis of the muscles about the throat, particularly those concerned in deglutition.

At length the patient died, very quietly and without apparent suffering.

The autopsy was made twenty-four hours *post mortem*. The thoracic and abdominal organs were in a normal state. The pia mater was injected and thickened. Beneath the arachnoid membrane, there was a gelatinous appearance; no morbid effusion into the ventricles. The substance of the brain was less firm than in health, and evidently somewhat softened. No tubercles were found either in the head, chest or abdomen. From the history of the case, it would seem that his first disorder was meningeal, three years ago, and which was not relieved; but a morbid alteration or thickening at length produced death, as we have seen.

Queechy, Vt., August 28th, 1858.

Bibliographical Notices.

Human Cestodes. An Essay on the Tapeworms of Man, giving a full Account of their Nature, Organization, and Embryonic Development; the Pathological Symptoms they produce, and the Remedies which have proved successful in Modern Practice. By D. F. WEINLAND, Ph. D. To which is added an Appendix, containing a catalogue of all species of Helminthes hitherto found in Man. Illustrated with original Wood Cuts. Cambridge: 1858. 8vo. Pp. 93. Price 75 cents.

THIS Essay will be peculiarly interesting to the physician and student of medicine, as being the first book on human entozoa, founded on the investigation of American specimens; the work of Brera on "Vermineous Diseases," a translation of which was published in Boston about forty years ago, is based entirely on European specimens. Dr. Weinland has had access to the best collections in Boston and Cambridge, and has enjoyed the advantage of an extensive correspondence with the best helminthologists of Europe and this country. The work is illustrated with wood cuts, white on a black ground, admirably adapted to such objects; in order to secure perfect accuracy they were drawn from nature and transferred on wood by himself.

The researches of Dr. Weinland are interesting also to those who prepare pork for domestic and foreign markets, and to the public who consume the same, on account of the fully-proved genetic connection between the tapeworm in man and the "measles" in the hog—a startling fact to unprofessional ears.

He has fully investigated the subject of the tapeworm—"a Helminth differing in its nature from all other worms—mysterious in its origin—wonderful for the length it sometimes reaches; for its power of throwing off periodically its end joints, which then become capable of free locomotion; and for its tenacity in resisting all kinds of vermicifuges usually successful against other parasitic worms." Tapeworms belong to the order of *Cestoidea*, of the class of *Helminthes*, and are characterized as soft, flat, tape-like, jointed worms, mostly narrower toward the head and growing wider toward the tail. Their size varies from one hardly visible to the naked eye, to one, in the sheep, one hundred feet long. When mature, they live exclusively in the intestinal canal of the vertebrated animals, occurring in all their classes, different species having generally different worms. They consist of a head, resembling a knob at the end of the narrow part of the worm—a slender neck, at first smooth, but gradually becoming wrinkled by transverse folds and distinct joints—this head and neck constitute the young worm, or *scolex*. The neck becomes the originator of new joints as long as the head lives; the neck constantly growing out, it follows that the oldest joints are those farthest from it; the sexual organs become more and more prominent as the joints become lower. Their growth is rapid; but notwithstanding its constancy, the length has a certain limit, the last mature joints being repeatedly detached; the detached joints, or *proglottides*, have a short individual existence of their own, moving freely; their destiny is to reach the external world, with the faeces or voluntarily, and then to scatter their eggs, which are never hatched in the same intestine in which the mature worm lives.

Dr. W. adopts the view of the best modern German physiologists,

that the tapeworm is not a single individual, but a group of individuals. As the head has the faculty of reproducing the proglottides, having reproductive organs, and as this portion adheres by its hooks very strongly to the intestine, the action of vermifuges is often powerless to remove the worm—a single head may in all probability live a number of years, constantly throwing off new joints.

The structure of the external and internal organs is fully given, illustrated by wood cuts of the suckers and hooks; they are supposed to feed by imbibition through the skin, as neither mouth nor intestine has been discovered; the reproductive organs are highly developed and difficult to study; all tapeworms are hermaphrodite, each joint having its own independent male and female organs. The number of eggs is incredible, and they must be counted by thousands.

The second chapter treats at length of their embryology, and discloses some most startling facts, the results of the last half-century's investigations. It is now known that the disease in the muscles of the domestic hog, called "measles," is the head and neck of a tapeworm ending in a bladder of water; in other cases they are known as "hydatids," under the generic name of *Cysticercus*. In 1851, Dr. Küchenmeister proved by experiments that the cysticeri found in the mesentery of the hare, when eaten by dogs, produced the *tænia serrata* in that animal; these were proved on other animals, and finally the human tapeworm (*tænia solium*) was produced in a condemned criminal, who was made to eat the *cysticercus cellulose*, or "measles" from fresh pork. In 1852, Stein discovered the link wanting to make the chain of connection complete; by observations on a species of beetle, he found that the *scolex* is formed by an interior budding in the embryo—the eggs of the tapeworm, eaten by the beetle, were hatched in its stomach, and after boring through its walls, were developed into the *scolex*—the *cysticercus* in the beetle would be eaten by some insectivorous bird or mammal, and be developed into a perfect tapeworm. In like manner, "healthy young hogs fed with the eggs of the human tape worm, got the measles," as proved by numerous experiments—the embryos reach their destined resting places by piercing the vessels, and are carried by the circulation to the organs in which the hydatids are to be developed. To secure the chances of development, that the eggs should be eaten by one animal, and the hydatids by another, of course requires an immense number of eggs, the greater portion of which would never be placed in the requisite circumstances. This beautiful law of Nature for the preservation of animal species is considerably enlarged upon by Dr. Weinland.

In chapter third, he describes the species of human tapeworms, of which the two best known are the common narrow *tænia solium*, found particularly in Teutonic nations, and the broad *bothriocephalus latus*, occurring almost solely in the Swiss and Slavonic nations. Of the thirty-two helminthes of man, contained in Dr. W.'s appendix, the most interesting is the *tænia solium*, which is described at length. We can only here allude to the subject of protection against this worm, which is to avoid all chance of swallowing the fresh measles of the hog; boiling water, salt, and smoking, kill them, so that we may be sure that thoroughly cooked, perfectly salted, and properly cured pork, will introduce no living hydatids into the human stomach. Much so-called "salt pork" is so wretchedly salted that the central portions are not reached by the brine, and in such, the hydatids might

live for years, waiting for a proper receptacle for development. It is said that the soldiers of the allies in the Crimea disliked the salt pork because it produced the tapeworm in them—so that, even supposing a butcher never knowingly supplies his customers with measly pork (and there might be so few that the most honest man could not detect them), they might get a tapeworm from insufficiently cooked or salted pork. Beef is sometimes measly; so that neither Jew nor Mohammedan is absolutely secure against tapeworm by adhering to the commands of their prophets.

After all, the mature tapeworm is not so terrible a fellow as he is represented; he is troublesome, but rarely really dangerous. Man may enjoy perfect health for years with a tapeworm in the intestines. The Abyssinians consider it a sure sign of health to have one; and indeed, the symptoms ascribed to this, as to many other intestinal worms, belong generally to other concomitant diseases, aggravated, perhaps, but certainly not caused, by the presence of the parasite. The physician is most interested in guarding against the hydatid or larva of the *taenia solium*; this sometimes finds its way into the muscles and even the brain of man, beyond the reach of medical or surgical aid, and with fatal results; they may be introduced in water, or fruits which have lain on the ground, or lettuce and other salads, especially if they have been manured with night soil, as is generally the case in the neighborhood of large cities. Figures of the egg, embryo, larva, and adult worm, are given, and many interesting statements on the occurrence of the different varieties in the United States, both in the perfect and larval forms, are detailed at length. The foreign species are also indicated.

Dr. W. describes two very interesting new species of tapeworm, thus far peculiar to this country, viz., *Cysticercus acanthotrius* and *Hymenolepis flavopunctata*. One of them is figured; and both are preserved in the cabinet of the Boston Society for Medical Improvement.

Bothriocephalus latus is the only species of the genus found in mammals, and this only in man; all the rest live in water-birds, reptiles and fishes; it reaches a length of twenty feet, and a breadth of more than half an inch. Its development, and the manner in which it gets into the intestine, are unknown. Küchenmeister believes that its hydatid may live in small snails (*Limax*), which live on lettuce, which no doubt are often accidentally eaten by man with salad. Neither Dr. W. nor Prof. Leidy have seen a specimen which came from an American.

At the end of the chapter he makes a very earnest appeal to physicians in all parts of the country to keep a lookout for human helminthes, which are interesting, not only in a medical and zoological, but in an ethnological point of view; and we trust they will generously respond to it, in order to facilitate his researches in this difficult department of natural history.

The last chapter treats of the pathology and treatment of human tapeworms; the remedies are given in full, with their formulæ, and the advantages and disadvantages of each discussed. The only way to get rid of the hydatids is to remove them by the knife, or to puncture their bladder containing the nutritive fluid; when few in number, and in the muscles, they are of no consequence; but in internal organs they have caused death, and are beyond the reach of medical art. Passing over the whole list of antiquated drugs, Dr. Weinland

follows Küchenmeister in his enumeration of reliable remedies, giving the formulæ most conveniently used.—1. Tin, prepared by precipitation from the chloride, but never in the form of tin filings.—2. Oil of turpentine, in the morning, fasting; very energetic.—3. Kousso, the powdered flowers of *brayera anthelmintica*, of Abyssinia; opinions differ as to its efficacy.—4. Pumpkin-seed, probably as good as the last-named.—5. Root of the male fern, either powdered or in decoction.—6. Panna, probably nothing but the root of a South African fern; more costly, but no better than the last.—7. Pomegranate bark, alone or mixed with the male fern. One or the other of these remedies will rarely fail to expel the worm.

The results of Dr. W.'s researches must be consoling to the public, who have been taught to dread a tapeworm as they do a rattlesnake or a mad dog. They may here be convinced, not only of their infrequency, but of their comparative harmlessness when present, and their generally easy expulsion by simple remedies. This is the more satisfactory, as there is a class of practitioners who explore the bowels of their fellow citizens in search of tapeworms, successfully for themselves, but not altogether so for their victims; these timid and nervous persons can now digest in peace, assured that the worm need give them no uneasiness, as he is a tenant at will, and bound to evacuate the premises after due notice in the shape of a proper remedy. But it is not so easy to get rid of the external parasite; as the larval hydatid is beyond the reach of medical art, so the unscrupulous doser is beyond the reach of the laws. The quack and the worm resemble each other in growing fat on the juices of their supporter; but the external parasite, by waging war upon his internal brother parasite, real or imaginary, betrays a disregard of that simple code of honor by which one member, of even a thieving fraternity, scorns to encroach upon the personal rights of another.

The present monograph is the fore-runner, as it were, of a larger work on the subject, viz., an atlas of the human helminthes, containing, on six quarto copper-plates, figures of all entozoa of man hitherto described, with an explanatory text in English, French, or German, as the reader prefers. Considering the rare facilities enjoyed by Dr. Weinland for the prosecution of this labor, the natural and growing interest in such researches, and their important practical bearing on medicine, it is to be hoped that the profession throughout the country will afford him due encouragement, by at once sending in their names to him as subscribers. The price of the present work is only 75 cts., and that of the larger work to subscribers, only \$3 00. His drawings are all ready, and we would again urge our medical brethren to subscribe at once, as they will be given to the engraver as soon as five hundred copies are subscribed for. His connection with the late Prof. Müller, of Berlin, as pupil and curator of the Zoological Museum, and with Prof. Agassiz, as his assistant in this country, are sufficient guarantee that the work will be, like the present specimen, of the highest value, and alike useful and interesting to the physiologist, anatomist, embryologist, microscopist, general practitioner, and medical student. For both works, application should be made to the author, Cambridge, Mass.

S. K., Jr.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 14th.—*Hæmorrhage from the Umbilicus; Hematuria; Ranula upon the left Side; Recovery.* Dr. CABOT reported the case.

The child was born on the first of June, at 5½ A.M., after a short labor. The hair was of a dark-brown color, and about two inches long. The skin was very yellow. There was slight inflammation of one eye. A ranula also existed upon the left side, which extended to the edge of the lip. The mother was very well during pregnancy. The urine, which was at first free and of a healthy color, was noticed by the nurse during the night to become dark, and, on the following day, quite red. On the third day, it was bloody, and Dr. C. suggested to the nurse the probability of hæmorrhage from the umbilicus, and that she be prepared for such an accident. On the 4th, as was anticipated, bleeding commenced from the umbilicus, for which agaric and a compress were applied. The child suffered from constant pain, moaning continually, particularly when passing water. While dressing the navel, about two ounces of bloody urine passed the urethra, containing a granular matter resembling grumous blood. The ranula had disappeared. On the 5th, the bleeding had been so profuse from the umbilicus as to saturate the swathing cloths in front. Solid nitrate of silver was now applied to the edge of the partially-separated cord, the part was dressed with fresh agaric, together with cotton and a compress, and a teaspoonful of the following solution ordered to be taken every hour. R. Cupri sulphatis, gr. i.; acidi sulphurici diluti, gr. xij.; aquæ, 3vij. M. At the first dose, about three teaspoonsfuls were taken, and afterward about the quantity prescribed.

At the end of four hours, the color of the urine had changed, and no further bleeding took place from the navel. On the 6th, the urine was slightly red, but improving. The color of the skin was more healthy, and the general condition was decidedly better. On the 7th, the funis came away; there was no oozing of blood. The part was dressed with agaric. In consequence of constipation, the drops were ordered to be suspended, unless the hæmorrhage should recur. On the 8th, the blood had increased in the urine, and the medicine was again ordered, and again suspended, as there had been no dejection for two days. An injection was ordered, which was followed by two dejections. On the 10th, the child was well.

Dr. Cabot thought it an interesting question how far the result in this case was due to the treatment by sulphate of copper. He supposed recovery from this affection extremely rare.

Dr. MINOR remarked that his investigations had shown that in eight or ten per cent. of these cases recovery occurs.

Dr. HOMANS mentioned eight or nine cases of this nature that had occurred in his own practice, five of which terminated favorably, the children at the present time being in fine health.

With regard to the treatment, Dr. COALE said that he had tried the sulphate of iron in one case with success.

JULY 12th.—*Cyclopism in a Pig.* Dr. JEFFRIES WYMAN gave an account of the case—the specimen, which had been preserved in spirit, having been placed at his disposal for dissection by Dr. Geo. H. Gay.

"It corresponds very nearly with one described by Vrolik in his Memoir on Cyclopia,* and represented in Plate II., Figure 5. A cylindrical snout, commencing above the eye, projects upward and backward, and ends in a disc perforated by a transverse opening. This last is the entrance to an imperfectly-divided nasal canal. The upper lip terminates in an elongated bulb, vertically compressed, and, as is usual with such monsters, the tongue protrudes from the mouth.

"Brain.—A large sac filled with fluid occupies the upper and middle portion of the cranial cavity, and, when evacuated, left the cerebellum, tubercula quadrigemina and the optic thalami completely exposed. The relations of this sac to the brain itself could not be satisfactorily ascertained, owing to the softness of the parts. These organs were all well represented, but rather less perfectly developed than usual. The cerebral lobes were represented by a single hemispherical mass, without a median fissure, or convolutions excepting two imperfect ones on the under side. This cerebral mass was hollow, and seemed to open on its posterior face into the sac above described. The absence of a median fissure is accounted for by the persistence of the anterior primary cerebral vesicle.

"The optic nerve arises symmetrically from the anterior portion of the base of the cerebral mass, between the two convolutions noticed above. There are no "optic tracts," but its fibres, after separating a little from each other, enter at once into the cerebral substance. The nerve escapes from the cranial cavity through a single optic foramen, and enters the globe of the eye on the median line and a little below the axis. The globe is symmetrical, and the transverse exceeds a little the other diameters. Two pupils existed, each surrounded by an iris and two lenses, but the sclerotic, choroid and retina were single; there was no septum in the vitreous humor.

"The olfactory nerves were deficient, but the nerves of the orbit were all traced to their proper cerebral connections. The nasal branch of the orbital portion of the fifth entered the cranial cavity through an opening formed on the median line in the orbital plates of the frontals, and was traced through the ethmoid fossa into the snout, on the extremity of which it was lost.

"The dissection of the muscles of the eye was incomplete, in consequence of the state of the parts, but the following were made out—a single levator of the upper lid, two superior recti, two superior oblique, a right and left external rectus, and two inferior oblique. These last, in the absence of a septum between the orbits, arose from each other, forming a transverse band of muscular fibres. The internal recti were deficient.

"This nearly single symmetrical eye is surmounted by a lid consisting of the outer portions of two lids, united by a narrow band across the median line. No puncta lachrymalia were found. The lower lid, formed like the upper, is partially concealed by the projecting globe.

"Cranium.—The whole front of the cranium is separated from the bones of the face and thrown upward, so that the roof of the orbit is nearly vertical, and extends transversely across the face. In the absence of the ethmoid, the orbital plates of the frontals meet on the median line. The frontals support the bones of the snout, which are

* Over den Aard en Corprong der Cyclopie, door W. Vrolik. Amsterdam : 1834. 4to. 6 plates.

three in number—one median, just before the frontals, consisting of the united nasals, and two lateral bones, probably the intermaxillaries, much larger and bent upon themselves, so as to form a tube, in which is the cavity of the nostrils; this cavity communicates with that of the cranium through the ethmoid fossa.

"The anterior sphenoid consists of a single transversely elongated plate perforated by a single optic foramen. The sphenoidal fissures are represented by a single quadrangular opening, which separates the anterior from the posterior sphenoid, and which transmits the nerves of the orbit. There was no vomer.

"The inferior border of the orbit is formed by the coalesced lachrymals, which unite on the median line, and by the malar bones, which are brought nearer together and more transverse than usual. The superior maxillaries are abort, recurved and fused.

"The superior maxillaries are terminated anteriorly by a notch, lodging a tooth, but there is nothing in this place to represent the intermaxillaries, and consequently there is no incisive foramen. Wedekind and others, who have described the bones of the face in cases of cyclopism, uniformly speak of the absence of the intermaxillaries. It seems probable that the intermaxillaries are not deficient, but are displaced, and are represented by the pair of bones found in the snout. This view is supported by the fact that these last-mentioned bones form a part of the walls of the nasal canal, are situated in front of the united nasals, and articulate beneath these with the frontals; they are also impressed on their inner walls by a branch of the nasal portion of the fifth pair of nerves, which is lost on the extremity of the snout. It might be added still further that the intermaxillaries are developed independently from a median bud, while the maxillaries project from the first visceral or branchial arch, and subsequently unite with the intermaxillaries. The cyclopian eye projecting forward on the median line would have a tendency to throw the intermaxillary bud upward, and thus prevent its union with the maxillaries."

Dr. Wyman made some general remarks on cyclopism, and attempted to show that it belongs to a class of malformations in which organs situated on either side of the median line, and unsymmetrical in themselves, are separated by a median symmetrical organ, which, however, may make greater or less approximation to a double organ.

"The middle incisors were wanting. The single tooth occupying the notch in front of the maxillaries, and on the median line, was a symmetrical incisor, presenting an analogous malformation to that of the eye, it being composed of the united outer halves of the lateral incisors. This symmetrical incisor is figured by Vrolik, but he has not pointed out its morphology. The other teeth were normal. The lower jaw projected beyond the upper, and its anterior extremity was bent upward."

The cranium, which had been prepared by Dr. Wyman, was exhibited by him, with drawings of the external appearances of the head and of the brain, and will be preserved in the Cabinet of the Society. For comparison, Dr. W. has also prepared the cranium of a well-formed new-born pig.

Aug. 9th.—*Partial separation of the Placenta; Delivery at the eighth month.* Dr. COALE showed the specimen, and reported the case.

A. O., aged 23, of stout, short figure, pregnant with her second child. Had always enjoyed good health. Her first confinement was

favorable; her child is now living, hearty and well grown, though she had not so much milk, nor did it continue so long as might have been expected in one of her build and development. Her menstruation ceased Nov. 30th, 1857. I was called to her at 11 $\frac{1}{2}$ o'clock, on the night of Aug. 7th, 1858, 250 days after this. She was lying-in, the pains of labor recurring every ten minutes, and lasting more than half a minute. Her dress and the bed clothes were drenched in blood. The pains had commenced an hour and a half before, and the flooding simultaneously with them. The os uteri was dilated to about the size of a half dollar—was very thick and unyielding. Clots of blood were lying around it, and protruding from it. The finger was passed in very carefully, and swept around it to feel for the placenta. It could not be felt; and as between the pains the distance reached was nearly the length of the finger, I decided that the case was not one of placenta previa. The presentation was natural—the face to the right sacro-iliac symphysis. The patient was not expecting confinement for a month. Four weeks ago she had lifted a heavy bureau, when she felt something give way inside, though nothing else occurred. The motion of the child had been felt up to a late hour in the evening, and nothing seemed really amiss until the pains and flooding commenced. My presence backened the pains sensibly, and I retired for an hour. On second examination, I found the labor progressing, but very slowly. The hemorrhage kept pace with it. At every pain, clots of large size and fresh liquid blood were expelled. The os still was thick and seemed to yield but very little. The pulse, however, was strong, and from the full build and fresh complexion of the patient, indicating good hematotic qualities, I argued she could stand a considerable loss of blood, and that there was no reason yet for me to interfere. Finding that my presence still sensibly lessened the pains, I absented myself as much as possible. This condition continued, my patient not failing, though the hemorrhage continued, until, at 2 $\frac{1}{2}$, I found the dilatation sufficient to authorize me to rupture the membranes. After an interval, the pains were renewed—the head came down well. By a little manipulation, the os was sufficiently enlarged, the foetal head came through, bore on the perineum for a minute, and at the next pain the child was expelled. It was dead, and there was no pulsation in any part of the cord. The bones of the skull easily rode over each other, and there was enough flaccidity to induce the belief that death had occurred some hours before. It was a small, though plump, well-filled-out child, nothing indicating that it had not been well nourished, up to the last moment of its foetal existence. The placenta soon followed, and every thing pertaining to the remainder of the labor was natural and favorable.

The placenta was here exhibited. It presents marks of engorgement for half its surface, and evidently partial detachment before delivery. Whether lifting the heavy weight a month before confinement had anything to do with its condition, seems to me doubtful. The well-nourished state of the foetus would argue against this. Yet such engorgement or apoplexy is rare without a special exciting cause, except in certain cases of depraved habit; and in these, or any cases of apoplexy of the placenta, though it induce premature labor, it is not necessarily or generally attended with hemorrhage.

Upon the surface of the placenta there was, to a considerable extent, a mass of dark coagulated blood, which, from its consistence and

the degree of its adhesion to the mass beneath, may have been effused before labor commenced. Upon cutting the placentas through in every direction, nothing unusual was observed, excepting a white, opaque, fibrinous disorganization, less than an inch in extent, and which may have been the result of an old apoplectic effusion.

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BOSTON, SEPTEMBER 9, 1858.

LEGAL RESTRICTIONS ON THE SALE OF MEDICINES.

The restrictions placed by law in France on apothecaries would astonish some of that profession in this country. Every preparation must be made according to the Codex: no variations, even though they be improvements, are allowed. No medicines, except such as are authorized, can be kept for sale, and no dangerous substance can be sold without a written order from a physician. His premises are at any time liable to be invaded by a committee of inspection, who search for forbidden articles, and test the purity of his drugs. We ourselves well recollect the difficulty we had in Paris in procuring a piece of solid nitrate of silver, for the purpose of cauterizing a puncture received while dissecting. A writer in the *London Pharmaceutical Journal*, whose entertaining article on English and French Pharmacy is published in the *American Journal of Pharmacy*, gives some striking examples of the rigor with which the laws relating to these subjects are carried out, of which the following is one:—

On November 14th, 1856, an apothecary of Lille was seized for having sold "Sirop Anti-scorbutique" which was not prepared according to the Codex. The syrup in question was made with an inferior wine, and was prepared by cold maceration instead of being distilled. The defence was, that it had been bought from a wholesale druggist; the apothecary was therefore cleared, and the authorities went to the right place, and found out the right man. The accused said, first of all, that he had made the syrup by a formula given in *l'Officine*, a work of Dorvault, often used in Pharmacy; secondly, that he sold it as a drug-merchant, not as an apothecary; thirdly, that the law with regard to the preparations of the Codex had been annulled. The court decided that every apothecary was under an obligation to have a copy of the Codex, and absolutely to follow its directions; secondly, that the penalty consequent on its infractions was still in force; thirdly, that the syrup had been made by the accused, not as a drug-merchant, but as an apothecary, there being an express law that no drug-merchant should either prepare or sell any pharmaceutical product, but simply drugs; and lastly, that as the syrup was made otherwise than according to the directions of the Codex, the usual sentence must be pronounced—a fine of 500 francs, and costs of trial.

A seizure was made, a short time ago, at the establishment of the makers and sellers of a certain pomade, brought forward as a remedy for fleshy excrescences, gatherings, burns, wounds, ulcers, large boils and corns. For this, Messrs. B— and V— were sent before the correctional police. B— is much surprised that an action should

be brought against him now, on account of the sale of a pomade which has been sold peaceably for the last fifty years, from father to son, the recipe being a secret in the family. It is precisely because it is a secret that the court condemns Messrs. B— and V— each to a fine of fifty francs. The only wonder is that the proprietors of the nostrum should have escaped so long. What would the vendors of Russia Salve, Peruvian Syrup, Antiphlogistic Salt, and the tens of thousands of other quackeries with which our land is deluged, say to this?

The time has not yet come when it would be possible to place similar restrictions on the great trade of medicines in America, and we are not sure that such extreme rigor would be desirable. The severity of the law would defeat its end. The people will be humbugged, and juries would never convict offenders with whom the community so strongly sympathize. But, as we have often urged, some regulation is needed to check the extreme facility with which dangerous drugs can be obtained. At least, the proprietors of nostrums should be made responsible for the evil consequences which follow their administration. A bill was introduced, a few years ago, into our State Legislature, requiring that the formula for the preparation of every nostrum should accompany each bottle in which it was dispensed. It is needless to say the bill did not pass, since it would have rendered unsaleable the greater part of the quack medicines which are for sale, and there was influence enough displayed to defeat a measure so ruinous to a profitable business. Such a law, however, would be a great blessing to the community, by exposing the worthlessness of preparations which even the most respectable daily newspapers do not think it beneath them to recommend to the public, although confessedly ignorant of their composition, and of the means of judging of their effects.

THE CRIME OF INFANTICIDE.

The British medical press discourses upon this subject with great plainness of speech; and the statements made are such as to appal us by the figures which they exhibit, and to sicken us by the deliberate atrocity with which many innocent victims are disposed of.

Great Britain, with her dense population, finds by no means contemptible rivals in other nations in the practice of this revolting crime. Its perpetration amongst us here at home is a frequent and notorious fact, clearly manifesting the laxity of religious and moral feelings and principles, and the deplorable cold-bloodedness which can induce a mother to destroy the fruit of her womb! Second only to the actual destruction of the lives of children—whether the latter are *trucidati in utero*, or slaughtered after birth—is their heartless and wanton exposure, at all seasons, at the doors of citizens, or in lanes and streets—at the risk of perishing by the countless agencies liable to extinguish the feeble spark of life.

The ancient English laws against infanticide were of such severity as to defeat the very end they sought. But the London *Lancet*, whilst it states this fact, also says that the laxity of the present code leads to precisely the same result. Thus, “the law requires proof now, that the child was wholly born when it was killed”; whereupon the journal we cite very truly remarks that “a child may be killed while only a hand or a foot remains in the vagina, and yet the guilt of murder

is not legally incurred." A short-sighted policy indeed—and deservedly stamped with the epithets of "a mockery of justice," and "a shallow compromise of a wicked offence" (*loc. cit.*, July 17, 1858). Prisoners have thus escaped punishment, when their children have been proved to have been decapitated, killed by throat-cutting or by strangling.

Often, the hand of violence is not actually laid upon the wretched offspring of crime or of poverty; "criminal neglect" may easily suffice to rid the unnatural parents of a burden, and enable them to secure the premiums paid by clubs which insure the lives of children. "The coroner for Middlesex computed the annual infanticide in London as high as 300. He thought that £10,000 might suffice to check the evil. Surely it were a small price for such a boon!"—*Lancet*.

This subject is one of national importance, as the above journal intimates. Who is willing to hear the statistics in our own land, relative to it? Who can doubt that they would be both startling and deplorable? Neither apathy nor severity will effect a reform; but a steady, persevering, kind and united effort of men and women who love their kind and country, might finally realize great results. The matter cannot be hid under a bushel, nor should we, from fear, refuse to approach it—any more than did Mr. Acton the kindred evil of prostitution. If we do not destroy the serpent, we are likely to be its victims.

PORTRAIT OF DR. JAMES JACKSON.

MESSRS. EDITORS,—I had the opportunity of seeing, a few days since, through the politeness of a medical friend, a portrait of Dr. Jackson, just completed by Mr. F. L. Lay, for a gentleman of this city, from a photograph of Southworth & Hawes. Those familiar with the name of the artist, will not be surprised to learn that he has succeeded in producing a likeness of this distinguished gentleman, of remarkable accuracy and artistic excellence. The portrait is a full length, and the artist has succeeded in combining great softness and delicacy with a more than usual degree of clearness and distinctness of effect.

There are two other portraits of Dr. Jackson, I am informed, both of which are of an inferior character; and it must be gratifying not only to his immediate friends, but to the members of the profession, in the foremost rank of which he has stood for half a century, that a portrait now exists, which, while it serves as a pleasing memento to his contemporaries, who have been accustomed to regard him with peculiar veneration, will also transmit to later generations a faithful likeness of one of the most eminent physicians of his day.

Mr. Lay is a German artist of much merit, and this specimen of his work is alone sufficient to evince his skill and taste in the difficult branch of art to which he has especially devoted himself.

Mr. Lay has a room at No. 24½ Winter Street, in the house formerly occupied by Mr. T. B. Wales; and he will be happy to show Dr. Jackson's portrait to any one who may favor him with a call within the next week.

New Haemostatic.—After prolonged experience, M. Lami strongly recommends the following haemostatic: R. Decot. rhataniae, 300 parts; alum, 60 parts. If given internally, 70 parts of syrup are to be added. Internally, 10 drachms may be taken three times daily; while for external use it may be employed as injection or lotion.

Fourth Annual Session of the American Dental Convention.—The Fourth Annual Convention of this body was opened at the Melodeon Hall, in this city, on the 3d of August, and was called to order by the President, Dr. Taylor, of Cincinnati. The sessions were continued through three days, and many important topics of dental medicine and surgery were discussed.

The following officers were elected for the ensuing year: for President, Dr. Isaiah Forbes, of St. Louis; Vice President, Dr. Rogers, of Utica, N. Y.; Recording Secretary, Dr. Taft, of Cincinnati; Corresponding Secretary, Dr. D. S. Chase, of Augusta, Ga.; Treasurer, Dr. W. B. Roberts, of New York. It was voted to hold the next annual meeting at Niagara Falls.—*Cincinnati Lancet.*

The Atlantic Cable among the Dentists.—At the late Annual Meeting of the American Dental Association, in Cincinnati, the following interesting incident took place during the proceedings. We copy it from the *Dental Register of the West.*

"At this point, Mr. Mussey, of the Cincinnati *Gazette*, by request of Dr. Bonall, announced to the Convention, that the *Niagara* was in Trinity Bay with her end of the Atlantic Cable, and that she was in perfect connection with the *Agamemnon*. As one man, the members arose to their feet, and gave spontaneously three hearty, vociferous cheers. Mr. M. then announced that the exact locality of the Agamemnon was not yet known. A member shouted, 'Three cheers for our side, any how!' These were given with a will; and, with happy countenances, the members quieted down to business."

Naval Appointments.—The Board of Naval Surgeons recently convened in this city, consisted of Surgeons Greene, President; Ruschenberger and Foltz, members; and Passed Assistant Surgeon Howell, Recorder. Twenty-seven candidates presented themselves for examination, of whom the following gentlemen were selected as qualified for the post of Assistant Surgeons in the United States Navy: Drs. Bertollette, of Pa.; Leach, of N. H.; Christian, of Va.; Megee, of Pa.; Gibbs, of N. J.; Burnett, of Pa.; and King, of Pa.—*North American Medico-Chirurgical Review.*

Army Appointments.—The Army Medical Board met at Richmond, in April last, and selected but two of twenty-seven candidates who were examined. Drs. J. H. Bill, of Pa., and J. H. Berrien, of Ga., were the successful candidates.—*Idem.*

Tablet to the late Hugh Miller.—A tablet of polished Peterhead granite is about to be placed in the wall at the head of Hugh Miller's grave, in the Grange Cemetery, Edinburgh. It is without any elaborate ornamentation, and its inscription runs thus:—"Hugh Miller, died 24th December, 1856, aged 54 years."—*Lon. Lancet.*

Health of the City.—The aggregate of deaths for the week is the largest for several years, there being 128. Cholera infantum continues its ravages, there being 38 deaths from it alone, against 19 only in 1857. There are, also, 7 deaths from dysentery to 3 during the same week last year. Consumption numbers 15 to 13, being its usual average. There have been 5 deaths from accidents. It is likewise a noteworthy fact that no colored person has died in the city during the last two weeks.

MARRIED.—In this city, 6th inst., Edward John Béard, of Paris, France, to Miss Elizabeth Gray Ogle Blanche.—At Leroy, N. Y., 1st inst., William S. Headley, M.D., to Miss Francis A. Cox.

DEAD.—At Hartford, Ct., 18th ult., Abial A. Cookey, M.D., 76.—At Lake Village, N. H., 30th ult., Dr. D. S. Devens, 49, formerly of Charlestown, Mass.

Deaths in Boston for the week ending Saturday noon, September 4th, 128. Males, 64—Females, 64—Accident, 5—inflammation of the brain, 2—cancer (in the stomach), 1—consumption, 15—convulsions, 1—cholera infantum, 38—croup, 2—cholera morbus, 1—dysentery, 7—diarrhoea, 1—dropsey, 2—dropsey in the head, 6—debility, 1—infantile diseases, 9—puerperal, 1—exhaustion, 1—scarlet fever, 1—typhoid fever, 1—gangrene of the lungs, 1—disease of the heart, 1—hemorrhage, 1—disease of the kidneys, 1—disease of the liver, 1—inflammation of the lungs, 1—marasmus, 2—measles, 2—old age, 1—palsy, 3—pleurisy, 1—seroful, 1—scrofula, 1—scalds, 1—disease of the stomach, 1—suicide, 1—teething, 7—thrush, 2—unknown, 1—whooping cough, 4.

Under 5 years, 30—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 11—above 60 years, 12. Born in the United States, 92—Ireland, 28—other places, 10.